



POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION 6 SITE NUMBER TX10448

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME *Atchison Topeka & Santa Fe CENTRALIZED TIE PLANT*
B. STREET *HIGHWAY 36*
C. CITY *SOMERVILLE*
D. STATE *TX*
E. ZIP CODE *77879*

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED - NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)		X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					X
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION
The 140 acre site is an active wood treatment plant which has been in operation since 1897. The facility utilizes a pressure/heat treatment process with creosote oil. Five inactive waste lagoons, 4 aerated lagoons, a landfill, and 24 monitoring wells are located onsite. Groundwater is available at depths of ~240 ft. and serves as a drinking water source for several area public water systems. Shallow groundwater, at depths of ~15 ft. is not utilized in the area. Organic analyses have revealed that subsurface migration of wastes is occurring from 2 inactive lagoons and is contaminating the shallow aquifer. Private remedial action will be required to mitigate damage to groundwater and to provide appropriate closure of inactive units.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)
G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION
1. NAME *Amey, 6H-ES*
2. TELEPHONE NUMBER *(214) 767-6421*
3. DATE (mo., day, & yr.) *11/21/85*

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.
A groundwater/surface water availability and usage survey should be conducted within the 3 mile radius of the site. Determine if upper and lower aquifers are connected. If corrective actions cannot be taken under RCRA regulations, the site should be resampled per proposed plan (since part of the data (inorganics) was QA unacceptable). Analysis should be for all parameters. *Resampling study will be tasked following review of the site by RCRA for possible corrective actions under RCRA regulations.

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) <i>Resampling*</i>	<i>FY86</i>	<i>FIT</i>		<i>See Above</i>
(2) <i>GW/SW survey*</i>				<i>SUPERFUND FILE</i>
(3)				<i>DEC 01 1992</i>
b. TYPE OF MONITORING				
(1)				<i>REORGANIZED</i>
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

Letter drafted to RCRA 11/21/85. *Loge*

Continued From Front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS				
(1)				
(2)				
e. OTHER (specify)				
(1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		